

Rec'd	OREA USE ONLY	Type Remit
App Rev	State Reg	☐ CC
Lic Iss	Fed Reg	☐ MO
Ct Iss	Comp Fee	☐ PO
Late Pen Lic		
Late Pen Ct		

# RENEWAL APPLICATION

DA DT A	Read All Directions on the Rever	se Side Prior to Con	nnleting This Annlication
PART A	Read All Directions on the Rever	se side i rior io Con	upieung This Appiication.

PART A Read All Direction	ns on the Keverse Side Pr	ior to Completing This App	vication.
1. Type of Application			
Trainee License	Residential License	Certified Residenti	al Certified General
2. Current License Number			
License Number	Expir	ration Date	
3. Name as it Appears on Curr	rent License	T-i	To see as
Last		First	Middle
4. Social Security Number		5. Birthdate	
6. Business Name and Address			Route) Check if Change
Name of Business	Street and Suite	e Number	
City	County	State	Zip Code
7. Mailing Address			Check if Change
Number, Street and Suite Number			
City	County	State	Zip Code
8. Physical Home Address	(Do not list a	P.O. Box, Rural Route or Star	Route) Check if Change
Number, Street and Suite Number	(= + <u>===</u>		
City	County	State	Zip Code
	10	W	
9. Business Telephone Numbe	er 10.	Home Telephone Number	
		<i>)</i>	
I,	d that I have answered each quantion is grounds for denial or	nestion fully and truthfully and w revocation of any license and may	
Executed this day of	, 199 at		(city or
county)		(state).	
	Sig	gnature	
	Na	me (please print)	
MUST BE SIGNED BEFORE AND CERT	ΓΙ <b>FIED BY A NOTARY PUB</b> Ι	LIC IF EXECUTED OUTSIDE	THE STATE OF CALIFORNIA
Comments:	FOR OREA US	SE ONLY	
CE Complete Y N Orig Sig Y F/L Address Change Y N			

Lic Renewed

Ву

Date

Y N

## PART B-APPLICANT BACKGROUND INFORMATION

## INSTRUCTIONS

- YOU MUST ANSWER EACH OF THE FOLLOWING QUESTIONS BY WRITING "YES" OR "NO", WHICHEVER IS TRUE, AFTER EACH QUESTION.
- ALL "YES" ANSWERS MUST BE EXPLAINED ON A SEPARATE SHEET OF PAPER WHICH YOU MUST ATTACH.
- FAILURE TO ANSWER ALL QUESTIONS OR FAILURE TO ANSWER ANY QUESTION TRUTHFULLY MAY RESULT IN THE DELAY OR DENIAL OF YOUR APPLICATION.
- PROVIDING FALSE INFORMATION MAY ALSO SUBJECT YOU TO DISCIPLINARY ACTION OR CRIMINAL PROSECUTION.

	ROVIDING TAESE IN ORIGINATION WITH ALSO SOBJECT TOO TO DISCH EIN ART ACTION OR CRIMINAL TROSLECTION.
1.	Have you ever used or been known by any name other than, or in addition to, the name listed on the reverse side of this application? It yes, list all such other names.
	Applicant's answer
2.	Have you resided outside the State of California at any time during the past 5 years? If yes, list all addresses at which you resided outside of California during this period.
	Applicant's answer
3.	Have you ever been convicted in California or anywhere else of a criminal offense other than a minor traffic offense? If yes, please indicate all such offenses including the date and location of conviction. For purposes of this question, a minor traffic offense is one for which the maximum fine which could have been imposed is \$100 or less.  To expedite review of your application, please attach a copy of the police report and a certified copy of the court docket, complaint and judgement showing the final disposition (sentence) of the case.  NOTE: Termination of probation and dismissal of the matter pursuant to Penal Code Section 1203.4 does not relieve you of the requirement to disclose any conviction when applying for a license issued by the Office of Real Estate Appraisers.
	Applicant's answer
4.	Are you now or have you ever been placed on probation or parole on terms which restricted or limited your contact or dealings with any financial or real estate related activity or business or otherwise restricted your acting in a fiduciary capacity?  To expedite review of your application, please attach a certified copy of the court records, including the complaint, complete docket, judgement and sentence, and probation report and attach a copy of the police report(s) and/or investigating agency records.
	Applicant's answer
5.	Have you ever been prohibited from participating in the affairs of any insured depository institution pursuant to Section 19(a) of the Federal Deposit Insurance Act?
	Applicant's answer
6.	Do you presently have criminal charges pending before any court of law? If so, please specify the court in which the matter is pending the case number and charges and submit a copy of the police report, and a certified copy of the complaint and docket.
	Applicants's answer
7.	Do you currently hold a professional or vocational license issued by any other governmental agency? If yes, please identify the license held, the license number and the issuing agency.
	Applicant's answer
8.	Have you ever been disciplined or had a penalty imposed by any governmental agency, including OREA, with respect to your activities as a licensee of that agency? Attach a copy of the police report(s) and/or investigating agency records.

Applicant's answer \_\_\_

## READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- Photocopies of completed forms are <u>not</u> acceptable.
- All fees must be paid by cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Out-of-state addresses require a completed and notarized *Consent to Service of Process* (REA 3006).
- Submit original continuing education completion certificates with this form.

Forty (40) hours of continuing education must be submitted for those renewing a license which was originally issued for a period of 4 years and 6 months or less. Forty five (45) hours of continuing education must be submitted for those renewing a license which was originally issued for a period over 4 years and 6 months.

All continuing education submitted must include a minimum of 7 hours on USPAP and the 4 hour course on federal and state laws and regulations.

**NOTE:** Applicants who submit their application after their license expiration date will be required to submit an additional 5 hours of continuing education for each 6 month period their application is received late.

- Sign and date this form prior to submittal.
- If you have any questions, please write to the address listed below or call (916) 322-2500.
- Mail completed applications, fees and required documents to:

### OFFICE OF REAL ESTATE APPRAISERS 1225 R Street Sacramento, CA 95814 -5812

### REES

Iraine	<u>e License</u>
Renewal Application	\$200
Renewal Issuance	\$400
Child Support Review	<u>\$ 10</u>
<b>Total Renewal Fees</b>	\$610

#### **Residential License**

Renewal Application	\$200
Renewal Issuance*	\$525
Child Support Review	<u>\$ 10</u>
<b>Total Renewal Fees</b>	\$735

#### **Certified Residential and Certified General**

Renewal Application	\$200
Renewal Issuance*	\$625
Child Support Review	\$ 10
<b>Total Renewal Fees</b>	\$835

<sup>\*</sup> Includes \$125 federal registry fees.

Activities which require a real estate appraisers license cannot be conducted after the expiration date of a license. Failure to renew a license within 2 years of the expiration date will require the submittal of a new *Initial Application* (REA 3001), application review, examination and issuance fees, all current qualifying material, retesting and must meet all requirements for new licensees.

### LATE RENEWAL FEES

In addition to the fees listed above, applicants who submit their renewal application after their license expiration date will be required to pay the following penalties:

0 - less than 12 r	months late	\$125
12 - 24 months 1	ate	\$250

#### INSTRUCTIONS-PART A

- TYPE OF APPLICATION--Mark the box for the license type you are renewing.
- **2. CURRENT LICENSE NUMBER--**The license number and expiration date of your current license.
- **3. NAME AS IT APPEARS ON LICENSE--**Your name as it appears on your current license.
- **4. SOCIAL SECURITY NUMBER--**Your social security number is mandatory. OREA cannot issue licenses without a social security number issued by the U.S. Social Security Administration (Business and Professions Code Section 11340).
- 5. BIRTHDATE--Your date of birth (mm/dd/yy).

- **5. BUSINESS NAME AND ADDRESS OF RECORD--**The name of your business or employer name. The business address of record is mandatory information. Do <u>not</u> list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it). If a business address is not available your physical residence address may be provided. Please Note: Information required is public record. If this is a change of address, mark the appropriate box.
- **6. MAILING ADDRESS OF RECORD**--Your mailing address. If this is a change of address, mark the appropriate box. Information required is public record.
- **7. PHYSICAL HOME ADDRESS**--The physical location of your home address. Do <u>not</u> list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).
- **8. BUSINESS TELEPHONE NUMBER**--Your business telephone number. Information required is public record.
- **9. HOME TELEPHONE NUMBER**--Your home telephone number.